

STATE OF ARKANSAS DISASTER VOLUNTEERS VOLUNTEER ACTIVITY REPORT

Red Cross will complete the top half of report at beginning of volunteer service and FAX entire page to appropriate agency for approval.

Date Service begins: _____

Name of Volunteer: _____

State Agency of Volunteer: _____

City: _____

Name of DRO (Disaster Relief Operation): _____

Function and Position of Assignment: _____

(Red Cross Official Signature)

Agency Director will complete this portion of report and Fax entire page to Red Cross.

☐ APPROVAL ☐ DISAPPROVAL

(Agency Director's Signature)

(Date)

Red Cross will complete the lower portion of report at the end of the business day in which the employee is de-activated and FAX to the state agency.

Date service ended: _____

Summary of service activity: _____

(Red Cross Official Signature)